CHECK APPROPRIATE BOX STATE OF FLORIDA Original Appointment APPOINTMENT OF CAMPAIGN TREASURER Deputy Treasurer AND DESIGNATION OF CAMPAIGN DEPOSITORY Reappointment of Treasurer FOR CANDIDATES Secondary Depository (Section 106.021(1), F.S.) (PLEASE TYPE) 1. Address (include post office box or street, city, state, zip code) Name of Candidate 3. Office (add district, circuit or group number) 2. Party (Partisan candidates only) Telephone (optional) Jonnissioner group **Deputy Treasurer** Campaign Treasurer I have appointed the following person to act as my 4. Name of Treasurer or Deputy Treasurer 6. Telephone 5. Mailing Address (if post office box or drawer add street address) Same 10. Zip Code 9. State 8. County 7. City Secondary Depository Primary Depository I have designated the following named bank as my 12. Street Address 11. Name of Bank 16. Zip Code 16. State 14 County 13. City Date Campaign Treasurer's Acceptance of Appointment do hereby accept the appointment as ease Print or Type) **Deputy Treasurer** for the campaign of Campaign Treasurer candidate to the office of who is seeking nomination or election as a . As a duly registered voter in County, Florida, I am qualified to accept this appointment. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE. Signature of Campaign Treasurer or Deputy Treasurer